

# Supply Request Form

## State Public Health Laboratory - Anchorage

PO Box 196093

Anchorage, AK 99519-6093

Voice: 907-334-2100 Fax: 907-334-2161

## State Public Health Laboratory - Fairbanks

PO Box 60230

Fairbanks, AK 99706-0230

Voice: 888-474-7017 Fax: 907-474-4036

### UNIVERSAL REQUEST FORMS

#### QUANTITY

#### TYPE

\_\_\_\_\_

Anchorage Laboratory

\_\_\_\_\_

Region X Forms

\_\_\_\_\_

Fairbanks Laboratory

### TRANSPORT MEDIA

#### QUANTITY

#### TYPE

\_\_\_\_\_

Urine APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit (50/box)

\_\_\_\_\_

Swab APTIMA® Chlamydia/Gonorrhea Specimen Collection Kit-Unisex (50/box)

\_\_\_\_\_

TB Collection tubes with sodium carbonate preservative for **SPUTUM (25/bag)**

\_\_\_\_\_

TB Collection tubes **WITHOUT** preservative (25/bag)

\_\_\_\_\_

TB Blood Culture Tubes, 10 mL Wampole Isolator (SPS)

\_\_\_\_\_

Universal Transport Media (*UTM-for viral cultures*)

\_\_\_\_\_

Enteric Transport Media (*ETM for stool cultures*)

\_\_\_\_\_

Carey Blair Transport Swabs (isolated organisms Campy, Shigella, Salmonella, E.coli O157)

\_\_\_\_\_

Fungal Culture Media (*Includes both: Sabouraud's & Mycosel*)

\_\_\_\_\_

Intestinal Ova & Parasite (*10% Formalin & Zinc*)

\_\_\_\_\_

Pertussis 2 Swab Kit (*Containing Regan-Lowe Media, NP culture swab and NP PCR swab*)

\_\_\_\_\_

Pertussis Media ONLY (*to replace expired Regan-Lowe in 2 Swab Kit*)

\*Please note-Alaska State Public Health Laboratories does not provide blood collection tubes.

### SHIPPING SUPPLIES

(Please order boxes from the lab you normally ship samples to.)

#### QUANTITY

#### TYPE

\_\_\_\_\_

Biological substance Category B shipping container

\*\*\*Note: Routinely supplied by Anchorage Lab, no additional biohazard bags are provided

\_\_\_\_\_

Serum Shippers

\*\*\*Note: Routinely mailed from Fairbanks

NAME:

\_\_\_\_\_

MAILING

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORDER DATE:

\_\_\_\_\_

PHONE NUMBER:

\_\_\_\_\_

\*\*\*PLEASE ALLOW 4-5 WORKING DAYS FOR SUPPLIES TO ARRIVE.\*\*\*

To be filled out by State Lab:

Phone order taken by: \_\_\_\_\_  
2/24/2009 Rev

Date mailed / Filled by: \_\_\_\_\_